KINNIC LONG TERM CARE

1663 EAST DIVISION STREET

RIVER FALLS 54022 Phone: (715) 426-6000 Ownership: Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No

Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital?
No
Number of Beds Set Up and Staffed (12/31/03): 68
Total Licensed Bed Capacity (12/31/03): 68
Title 18 (Medicare) Certified? Yes
Number of Residents on 12/31/03: 68
Average Daily Census: 66

	Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	용
No	Primary Diagnosis	용	Age Groups	용	Less Than 1 Year	16.2
No					1 - 4 Years	52.9
No	Developmental Disabilities	1.5	Under 65	8.8	More Than 4 Years	16.2
No	Mental Illness (Org./Psy)	33.8	65 - 74	5.9		
No	Mental Illness (Other)	4.4	75 - 84	29.4		85.3
No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.1	* * * * * * * * * * * * * * * * * * *	******
No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.8	Full-Time Equivalent	
No	Cancer	2.9			Nursing Staff per 100 Res	idents
Yes	Fractures	0.0				
No	Cardiovascular	11.8	65 & Over	91.2		
No	Cerebrovascular	13.2			RNs	7.9
No	Diabetes	8.8	Gender	용	LPNs	11.0
No	Respiratory	2.9			Nursing Assistants,	
	Other Medical Conditions	20.6	Male	20.6	Aides, & Orderlies	40.9
No			Female	79.4	I	
		100.0			I	
No				100.0		
	No N	No Primary Diagnosis No No Developmental Disabilities No Mental Illness (Org./Psy) No Mental Illness (Other) No Alcohol & Other Drug Abuse No Para-, Quadra-, Hemiplegic No Cancer Yes Fractures No Cardiovascular No Cerebrovascular No Diabetes No Respiratory Other Medical Conditions No	No Primary Diagnosis % No No Developmental Disabilities 1.5 No Mental Illness (Org./Psy) 33.8 No Mental Illness (Other) 4.4 No Alcohol & Other Drug Abuse 0.0 No Para-, Quadra-, Hemiplegic 0.0 No Cancer 2.9 Yes Fractures 0.0 No Cardiovascular 11.8 No Cerebrovascular 13.2 No Diabetes 8.8 No Respiratory 2.9 Other Medical Conditions 20.6 No 100.0	No Primary Diagnosis	No Primary Diagnosis	No Developmental Disabilities

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	4.0	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.9
Skilled Care	4	100.0	350	46	92.0	125	0	0.0	0	14	100.0	141	0	0.0	0	0	0.0	0	64	94.1
Intermediate				2	4.0	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		50	100.0		0	0.0		14	100.0		0	0.0		0	0.0		68	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	tions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		 Activities of	90			% Totally	
Private Home/No Home Health	16.4	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health			0.0		86.8	13.2	68
Other Nursing Homes	7.3	Dressing	7.4		80.9	11.8	68
Acute Care Hospitals	60.0	Transferring	23.5		66.2	10.3	68
Psych. HospMR/DD Facilities			17.6		72.1	10.3	68
Rehabilitation Hospitals	3.6	Eating	50.0		45.6	4.4	68
Other Locations	7.3	*********	******	*****	******	******	*****
Total Number of Admissions	55	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	8.8	Receiving Resp	iratory Care	13.2
Private Home/No Home Health	35.3	Occ/Freg. Incontinen	t of Bladder	47.1	Receiving Trac	=	0.0
Private Home/With Home Health	9.8	Occ/Freq. Incontinen	t of Bowel	35.3	Receiving Suct	ioning	0.0
Other Nursing Homes	5.9	_			Receiving Osto	my Care	1.5
Acute Care Hospitals	13.7	Mobility			Receiving Tube	Feeding	1.5
Psych. HospMR/DD Facilities	2.0	Physically Restraine	d	1.5	Receiving Mech	anically Altered Diets	17.6
Rehabilitation Hospitals	0.0	 			_	-	
Other Locations	2.0	Skin Care			Other Resident C	haracteristics	
Deaths	31.4	With Pressure Sores		1.5	Have Advance D	irectives	82.4
Total Number of Discharges		With Rashes		13.2	Medications		
(Including Deaths)	51				Receiving Psyc	hoactive Drugs	67.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	*****	****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This Nonprof Facility Peer Gro		profit	50	-99	Ski	lled	Al	1
			Group	Peer	Group	Peer	Group	Faci	lities
	%	૪	Ratio	8	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.1	92.0	1.06	87.1	1.11	88.1	1.10	87.4	1.11
Current Residents from In-County	51.5	85.9	0.60	81.0	0.64	82.1	0.63	76.7	0.67
Admissions from In-County, Still Residing	18.2	22.1	0.82	19.8	0.92	20.1	0.90	19.6	0.93
Admissions/Average Daily Census	83.3	138.9	0.60	158.0	0.53	155.7	0.54	141.3	0.59
Discharges/Average Daily Census	77.3	139.5	0.55	157.4	0.49	155.1	0.50	142.5	0.54
Discharges To Private Residence/Average Daily Census	34.8	64.3	0.54	74.2	0.47	68.7	0.51	61.6	0.57
Residents Receiving Skilled Care	97.1	96.1	1.01	94.6	1.03	94.0	1.03	88.1	1.10
Residents Aged 65 and Older	91.2	96.4	0.95	94.7	0.96	92.0	0.99	87.8	1.04
Title 19 (Medicaid) Funded Residents	73.5	55.4	1.33	57.2	1.29	61.7	1.19	65.9	1.12
Private Pay Funded Residents	20.6	32.6	0.63	28.5	0.72	23.7	0.87	21.0	0.98
Developmentally Disabled Residents	1.5	0.6	2.55	1.3	1.16	1.1	1.33	6.5	0.23
Mentally Ill Residents	38.2	36.2	1.06	33.8	1.13	35.8	1.07	33.6	1.14
General Medical Service Residents	20.6	24.3	0.85	21.6	0.95	23.1	0.89	20.6	1.00
Impaired ADL (Mean)	45.9	50.5	0.91	48.5	0.95	49.5	0.93	49.4	0.93
Psychological Problems	67.6	58.5	1.16	57.1	1.19	58.2	1.16	57.4	1.18
Nursing Care Required (Mean)	6.1	6.8	0.89	6.7	0.90	6.9	0.88	7.3	0.83